

**LIFE, ACCIDENT AND HEALTH INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** LOUISIANA **Filings Made During the Year 2004**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	2	1	0	3/1	NAIC	A, B, E-M
	1.1	Printed Investment Schedule detail (Pages E01-E26)	2	1	xxx	3/1	NAIC	A, B, E-M
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	0	5/15, 8/15, 11/15	NAIC	A, B, E-M
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	1	0	3/1	NAIC	A, B, E-M
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	1		4/1	NAIC	A, B, E-M
	11	Credit Insurance Experience Exhibit	2	1	xxx	4/1	NAIC	A, B, E-M
	12	Interest Sensitive Life Insurance Products Report	2	1	xxx	4/1	NAIC	A, B, E-M
	13	Investment Risk Interrogatories	2	1		4/1	NAIC	A, B, E-M
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	1	xxx	4/1	NAIC	A, B, E-M
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	1	xxx	4/1	NAIC	A, B, E-M
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	A, B, E-M
	17	Management Discussion & Analysis	2	1	0	4/1	Company	A, B, E-M
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	A, B, E-M
	19	Risk-Based Capital Report	2	1	0	3/1	NAIC	A, B, E-M
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	A, B, E-M
	21	Statement of Actuarial Opinion	2	1	0	3/1	Company	A, B, E-M
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	0	3/1	Company	A, B, E-M
	23	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	1	0	3/1	Company	A, B, E-M
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A, B, E-M
	25	Supplemental Schedule O	2	1	xxx	3/1	NAIC	A, B, E-M
	26	SVO Compliance Certification	2	1	0	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E-M
	27	Trusted Surplus Statement	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E-M
	28	Workers' Compensation Carve Out Supplement	2	1	0	3/1	NAIC	A, B, E-M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	M
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	M
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	M
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	M
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	M
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	M
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	M
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	M
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	M
	40	June .PDF Filing	xxx	1	xxx	6/1	NAIC	M
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	A, B, E, F, J
	52	Audited Financial Statements	2	1	1	6/1	Company	A, B, E, F, J
	53	Audited Financial Statements Exemption Affidavit	0	N/A	N/A		Company	
	54	Independent CPA	2	N/A	N/A	6/1	Company	A, B, E, F, J
	55	Notification of Adverse Financial Condition	1	N/A	N/A		Company	A, B, E,
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	A, B, E, F, J
	57	Request for Exemption to File	1	N/A	N/A		Company	A, B, J
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	1	3/1	State	A, B, E, F
	102	Certificate of Deposit	0	0	1	3/1	State	A, E, F, N
	103	Certificate of Valuation	0	0	1	3/1	State	A, B, E, F
	104	Filings Checklist (with Column 1 completed)	2	1	0	3/1, 5/15, 8/15, 11/15	State	A, B, E, F
	105	Affidavit of Filing	0	0	1	3/1, 5/15, 8/15, 11/15	State	A, B, E, F, P
	106	Holding Company Registration Statement	1	0	0	4/30	Company	A, B, E, F
	107	Detailed Listing of Investments with Code Citation	1	0	0	3/1	Company	A, B, E, F
	108	Stop Loss Worksheet	1	0	1	3/1	State	E, F, O

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Denise Brignac (225) 342-1201 <a href="mailto:dbrignac@ldi.state.la.us">dbrignac@ldi.state.la.us</a>
	B	Mailing Address:	Att: Administrative Services P.O. Box 94214 Baton Rouge, LA 70804
	C	Mailing Address for Filing Fees:	Included with Premium Tax Filing
	D	Mailing Address for Premium Tax Payments:	Att: Premium Tax Division P.O. Box 94214 Baton Rouge, LA 70804
	E	Delivery Instructions:	All filings must be delivered through the US Postal Service in accordance with LDOI Rule 12.
	F	Late Filings:	All filings should be postmarked no later than the indicated due date. Any filing postmarked after the original or extended date is considered late and a fine may be imposed.
	G	Original Signatures:	Original signatures are required for domestic insurers.
	H	Signature/Notarization/Certification:	Signatures of at least two principal officers are required for the annual and quarterly statements.
	I	Amended Filings:	Amended filings should follow the same guidelines as original filings.
	J	Exceptions from normal filings:	Exemption and extension requests should be submitted in writing at least ten (10) days prior to the original due date.
	K	Bar Codes (State or NAIC)	Not Applicable
	L	NONE Filings:	NONE filings are not required.
	M	Filings new, discontinued or modified materially since last year:	Foreign insurers that file electronically with the NAIC are no longer required to file hard copies of the annual and quarterly statements.
	N	Certificate of Deposit	Mail to the Statutory Deposit Section P.O. Box 94214 Baton Rouge, LA 70804
	O	Stop Loss Worksheet	Mail to: Office of Health Att: Tom Portier P.O. Box 94214 Baton Rouge, LA 70804
	P	Affidavit of Filing	Foreign insurers must submit an original affidavit in lieu of the annual statement and each quarterly statement.

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplement .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly .PDF Filing*** is the .pdf for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.